

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

Be it enacted, etc., as follows:

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths and births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

BIRTH

recorded in the books of the City of Marlborough Mass.
(City or Town.)
during the month of Feb. 1894.

1. Date of Birth,
2. Full Name of Child,
3. Color,
4. Sex (and if twin or illegitimate),
5. Place of Birth,
6. Name of Father,
7. Residence,
8. Occupation,
9. Birthplace,
10. Name of Mother,
- (Maiden name,)
11. Residence,
12. Birthplace,

February 22, 1893.

Jemison

W.

F

Southborough Mass.

Walter

Southborough Mass.

Shoemaker

Southborough Mass.

Alice

Morse

Southborough Mass.

Attleborough Mass.

"I certify that the foregoing is a true copy.

Attest:

P. P. Murphy
Clerk
(City or Town.)

Feb. 9, 1894.

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

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SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

BIRTH

recorded in the books of the City of Marlborough Mass.
(City or Town.)
during the month of Feb. 1894.

- | | |
|---|--|
| 1. Date of Birth, | |
| 2. Full Name of Child, | |
| 3. Color, | |
| 4. Sex (and if twin or illegitimate), | |
| 5. Place of Birth, | |
| 6. Name of Father, | |
| 7. Residence, | |
| 8. Occupation, | |
| 9. Birthplace, | |
| 10. Name of Mother, | |
| (Maiden name,) | |
| 11. Residence, | |
| 12. Birthplace, | |

July 20, 1893
Barney

W
F

Southborough Mass.

Nebrax

Southborough Mass.

Blacksmith

Reading Mass.

Gertaud

Loyd

Southborough Mass.

Southborough Mass.

I certify that the foregoing is a true copy.

Attest:

P. J. Murphy

Feb. 9,

1894.

City Clerk
(City or Town.)

Commonwealth of Massachusetts.

Date of Birth, Feb 20 1894

Sex, female

Color (if other than white),

Name (if named),

Place of Birth, No. Southville Street

Name of Father, Parkins

Name of Mother,

Maiden Name of Mother,

Residence of Parents, No. Street

Occupation of Father,

Birthplace of Father,

Birthplace of Mother,

(Signature),

Dr. B. L. Farney

Physician.

✓ Commonwealth of Massachusetts.

Date of Birth, July 3 1894.

Sex, male

Color (if other than white),

Name (if named),

Place of Birth, No. Southville Street

Name of Father, John J. O'Brien

Name of Mother,

Maiden Name of Mother Maud P. Babb

Residence of Parents, No. Street

Occupation of Father, Bootshop

Birthplace of Father, Southville

Birthplace of Mother, W. Medway

(Signature),

Edwin A. Clarke

Physician.

✓ Commonwealth of Massachusetts.

Date of Birth, July twenty eighth 1894

Sex, Female

Color (if other than white),

Name (if named),

Place of Birth, No. Southboro, Mass., Street

Name of Father, William G. Stiner

Name of Mother, Anna B. Stiner

Maiden Name of Mother, Anna Benjamin

Residence of Parents, No. Southboro Street

Occupation of Father, Coachman

Birthplace of Father, Nova Scotia

Birthplace of Mother, Nova Scotia

(Signature),

F. S. Bradlee

Physician.

N. B. This form is not necessary in the return of births received prior to the last day
for transmittal of annual returns to this office.

1 PLACE OF BIRTH
 Worcester
 (COUNTY)
 Southborough
 (CITY OR TOWN)



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

(CITY OR TOWN MAKING THIS RETURN)

**DELAYED
CERTIFICATE OF BIRTH**

Registered No.
 Deposition No.

NO.

STREET

WARD

(If birth occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME OF CHILD....

Helen Louise Burness.

3 Sex

Female

4

If plural

(a) Twin, triplet or other.....

3a Color

Births

(b) Number, in order of birth.....

5 Born ALIVE or STILLBORN

alive

6 Date

of Birth

December 30, 1894

(MONTH)

(DAY)

(YEAR)

7

FATHER

FULL
NAME

Joseph C. Burness

13

MAIDEN
NAMEPRESENT
NAME

MOTHER

Amy H. French

8

RESIDENCE, NO.

STREET

(AT TIME BIRTH OCCURRED)

CITY OR TOWN

Southborough

STATE

Mass.

STREET

9

COLOR
OR RACE

Wh.

white

10

AGE AT LAST
BIRTHDAY

24

(YEARS)

11

PLACE
OF BIRTH

Worcester, Mass.

(STATE OR COUNTRY)

14

RESIDENCE, NO.

STREET

(AT TIME BIRTH OCCURRED)

CITY OR TOWN

Southborough

STATE

Mass.

12

OCCUPATION

Blacksmith

15

COLOR
OR RACE

Wh.

16

AGE AT LAST
BIRTHDAY

32

(YEARS)

17

PLACE
OF BIRTH

Boston, Mass.

(STATE OR COUNTRY)

18

OCCUPATION

Boston, Mass.

(STATE OR COUNTRY)

Attendant at birth or informant

(If there was no physician or attendant, draw
line through "attendant at birth or")

(Name)

(Physician, parent, or other)

Address No.

St.,

(City or town)

20 Affidavit filed and recorded and a copy of return and affi-
davit transmitted to the Secretary of the Commonwealth

July 25
 (Month) (Day) (Year)

21 Deponent

Name

City or town

Relation
to child

Eleanor A. Burness, Grandmother
Marlboro, Mass.

22 The above record has been made in accordance with the
provisions of General Laws, Chap. 46, Sec. 13.

Attest:

G. T. Farrelly

REGISTRAR

SEE REVERSE SIDE FOR AFFIDAVIT

(City or town)

MARGIN RESERVED FOR BINDING

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case ... or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth ... not previously recorded. ... EXTRACT FROM GEN. LAWS, CHAP. 46, SEC. 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF Worcester } ss.:

Eleanor A. Burness

being duly sworn, deposes and says that he resides at

Marlboro, Mass.

that deponent has knowledge of the birth of Helen Louise Burness.

named on the reverse side of this blank, that she is the person who furnished the facts on the reverse side of this blank, mailed or delivered on July 25, 1940 to the office of the Town Clerk
(City or town clerk or registrar)

of the Town of Southborough The Commonwealth of Massachusetts.
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law was as follows: not known

The written evidence submitted to substantiate the affidavit was:

I am acquainted with the birth of Helen L. Burness.
I was present soon after and from time to time for a year.
(Signed)

Sworn to and subscribed before me,
this day of 19

Eleanor A. Burness
(City or town clerk, assistant clerk, or registrar)

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance, or a church, Bible, or family record.
5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, or by some person having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

**CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE
SECRETARY OF THE COMMONWEALTH AT ONCE**

✓

FILL EVERY BLANK.

Date of Birth Feb. 11 1895

Name of Child Catharine McNeal

Color, if other than white White

Sex Female

Condition, {
Twin, Illegitimate, Etc. } Normal

Place of Birth, {
Other than Marlborough, } Taughton

Name of Father Michael J. McNeal

Maiden name of Mother M^E Isaac

Residence of Parents, {
Street and Number } Southboro

Occupation of Father, Farmer

*Place of Birth of Father, N.S.

*Place of Birth of Mother N.S.

*If in the United States, what town.

Signature of person making return } N.E. Smith m^o
making return } Marlboro

FILL EVERY BLANK.

Date of Birth

March 5 1895

Name of Child

Color, if other than white

White -

Sex

Male -

Condition,

Vin, Illegitimate, Etc. {

Normal

Place of Birth,

If other than Marlborough,

Southboro

Name of Father

Edwin J. Snell -

Maiden name of Mother

Bullenden

Possidence of Parents,

Street and Number

Southboro

Occupation of Father,

Gardener

*Place of Birth of Father

Scotland

*Place of Birth of Mother

Scotland

*If in the United States, what town.

Signature of person
making return

W. H. E. Snell -
Marlboro

FILL EVERY BLANK.

Date of Birth

July 23 1895

Name of Child

White -

Color, if other than white

Male

Sex

Condition,
Twin, Illegitimate, Etc. {

Normal

Place of Birth,
If other than Marlborough, {

Southboro
~~Marlboro~~

Name of Father

Lawrence D. Fenn

Maiden name of Mother

Moran

Residence of Parents,
Street and Number {

Southboro

Occupation of Father,

Farmer

*Place of Birth of Father,

Ireland

*Place of Birth of Mother

Ireland

*If in the United States, what town.

Signature of person
making return {

Dr H. E. Lucy Jr -
Marlboro

AN ACT

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SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

BIRTHrecorded in the books of the City of Boston
(City or Town)during the month of October year 1895.

1. Date of Birth,	<u>October 2, 1895</u>
2. Full Name of Child,	<u>Henry Purkitt Diddens</u>
3. Color,	<u>white</u>
4. Sex (and if twin or illegitimate),	<u>male</u>
5. Place of Birth,	<u>Boston</u> <u>120 Beacon St.</u>
6. Name of Father,	<u>Charles A.</u>
7. Residence,	<u>Southboro</u>
8. Occupation,	<u>—</u>
9. Birthplace,	<u>Boston</u>
10. Name of Mother,	<u>Josephine (Burnett)</u>
(Maiden name,)	
11. Residence,	<u>Southboro</u>
12. Birthplace,	<u>Boston</u>

I certify that the foregoing is a true copy.

Attest:

*James O. Fallon
for City Reg'r
(City or Town.) Clerk.*

✓
FILL EVERY BLANK.

Date of Birth

Jan. 18 1895.

Name of Child

Color, if other than white

White

Sex

Male

Condition,
Twin, Illegitimate, Etc. }

Normal

Place of Birth,
If other than Marlborough,

Saukton

Name of Father

John Stines

Maiden Name of Mother

McLanghlin

Residence of Parents,
Street and Number }

Saukton

Occupation of Father

Laborer

*Place of Birth of Father

Canada

*Place of Birth of Mother

Canada

*If in the United States, what town.

Signature of Person
making return

W.H. Smith-

Marboro

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK – THIS IS A PERMANENT RECORD
*N.B. This form is not necessary in the return of births received prior to the last day
 for transmittal of annual returns to this office.*

25M-(c)-1-44-13634

1 **PLACE OF BIRTH**
 Worcester
 (COUNTY)
 Southboro
 (CITY OR TOWN)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Southborough
 (CITY OR TOWN MAKING THIS RETURN)

**DELAYED
 RETURN OF BIRTH**

Registered No.
 Deposition No.

NO.

STREET

WARD { (If birth occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME OF CHILD **Katherine Lennon**

3 Sex F	4 If plural Births	(a) Twin, triplet or other (b) Number, in order of birth	5 Born ALIVE or STILLBORN	6 Date of Birth
3a Color W			Alive	December 16, 1895

7 **FATHER**

FULL NAME

Cornelius Lennon

MOTHER

Mary LynchPRESENT NAME **Mary Lennon**

8 RESIDENCE, NO.

STREET

CITY OR TOWN **Southborough** STATE **Mass.**

14

RESIDENCE, NO.

STREET

CITY OR TOWN **Southborough** STATE **Mass**

9

10

COLOR OR RACE **White**AGE AT TIME OF BIRTH **42** (YEARS)

16

32

11

PLACE OF BIRTH **Co. Leitram, Ireland.**

(CITY OR TOWN)

(STATE OR COUNTRY)

15

White

COLOR OR RACE

BIRTH

(YEARS)

12 OCCUPATION **Labor Foreman**

(AT TIME OF BIRTH)

17

Tewksbury, Mass.

PLACE OF BIRTH

(CITY OR TOWN)

(STATE OR COUNTRY)

19 Attendant at birth or informant.

(If there was no physician or attendant, draw
 line through "attendant at birth or")

Address No.

Unknown

(NAME)

(PHYSICIAN, PARENT, OR OTHER)

St.

(CITY OR TOWN)

20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth

(MONTH) (DAY) (YEAR)

21 Deponent Name

City or town

Relation to child

Margaret Lennon Donohue, Aunt
 259 South st.
 Lowell, Mass.

22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13.

Attest:

Frances S. Foley
 Attest: **S. T. Clark** (REGISTRAR)

Southborough

(CITY OR TOWN)

SEE REVERSE SIDE FOR AFFIDAVIT

MARGIN RESERVED FOR BINDING

. . . An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . not previously recorded. . . Extract from Gen. Laws, Chap. 46, Sec. 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF Middlesex } ss.:

Margaret Donahue

being duly sworn, deposes and says that he resides at..... 259 South St.,
Lowell, Mass.

that deponent has knowledge of the birth of..... Katherine Lennon
named on the reverse side of this blank.

Further, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was.....

margaret Lennon Donahue
written in Prayer Book

(Deponents Signature)

Sworn to and subscribed before me,
this 9 day of October, 1953

William H. Sullivan
(City or town clerk, assistant clerk, or registrar)

Gloucester, Mass.

NOTICE

Expense of affidavit should be borne by the individual making this return.

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2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at or near the time of birth by a person charged with making the return in the first instance, such as a Bible, or family record or a church record made within 40 days after birth, or if not available the first school record.
5. The affidavit should be made by the attending physician, father, mother, or if not available by some person old enough at the time to recall the event sought to be recorded, having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the same name that was given at the time.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. It should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE
SECRETARY OF THE COMMONWEALTH AT ONCE

AN ACT

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SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

BIRTH

recorded in the books of the Town of Milbury
(City or Town.)

during the month of February, 1896.

1. Date of Birth,
2. Full Name of Child,
3. Color,
4. Sex (and if twin or illegitimate),
5. Place of Birth,
6. Name of Father,
7. Residence,
8. Occupation,
9. Birthplace,
10. Name of Mother,
(Maiden name,)
11. Residence,
12. Birthplace,

February 11. 1895

Catherine Ann McNeil

F
Southboro.

Michael J.
Southboro
Laborer
Ireland

Marguerite
Mc Isaac
Southboro
Ireland

I certify that the foregoing is a true copy.

Attest:

Ira N. Goddard

Today 11 1896.

Town Clerk.
(City or Town.)

Commonwealth of Massachusetts.

Date of Birth,

January 3^d 1896.

Sex,

Female

Color (if other than white),

Name (if named),

Place of Birth, No.

Fayville Street

Name of Father,

Jacob Bruey

Name of Mother,

Eucalinda Bruey

Maiden Name of Mother,

Residence of Parents, No.

Fayville Street

Occupation of Father,

Labour

Birthplace of Father,

Italy.

Birthplace of Mother,

Italy.

(Signature),

E. W. F. Bigelow

Physician.

Commonwealth of Massachusetts.

Date of Birth,

June 19th

1896.

Sex,

Female.

Color (if other than white),

Name (if named),

Place of Birth, No.

Fayville

Street

Name of Father,

Joseph Pecoulie

Name of Mother,

Domenica Pecoulie

Maiden Name of Mother,

Domenica Monici

Residence of Parents, No.

Fayville

Street

Occupation of Father,

Labours

Birthplace of Father,

Italy

Birthplace of Mother,

Italy

(Signature),

Fayville. Ernest Bigelow

Physician.

1896

PA
1/16/97

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No.

1. Date of Birth, *July 31st* / 1896
2. Full Name of Child,
3. Color, * *#*
4. Sex, (and if twin or illegitimate,) *female*
5. Place of Birth, *Southboro. Mass.*
6. Name of Father, *Joseph H. Raymond*
7. Residence, *Southboro.*
8. Occupation, *Wool washer*
9. Birthplace, *Stanis., R.R. (Ca.)*
10. Name of Mother, *Guernanna*
(Maiden Name,) *
11. Residence, *Southboro (Chestnut Hill P.O.)*
12. Birthplace, *Province Quebec Ca.*

Dated at *Nashland, Aug 2nd* 1896
Captain C. Peeler, M.D.

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Oct. 1892.—5,000.

I am not obliged to give maiden name

✓ Commonwealth of Massachusetts.

Date of Birth, August 20 1896

Sex, Female

Color (if other than white),

Name (if named),

Place of Birth, No. Street

Name of Father, Benj. H. Clemens

Name of Mother, Cornelia R. "

Maiden Name of Mother, " Hayward

Residence of Parents, No. Street

Occupation of Father, Farmer

Birthplace of Father, Hinman Maine

Birthplace of Mother, Sewardigan "

(Signature),

Frank W. Patch

Physician.

Mrs Valade

✓ Southville

Baby boy Born October 30th 1896
Name Edward
Father's Name James O'Brien
Born Southville Mass.
Mother's Name Maggie (Varley)
O'Brien

Born Nova Scotia
Father age 27
Mother age 28
Father's Father's Name
William O'Brien
Father's Mother's Name
Margaret O'Brien
Mother's Father's Name
Patrick Varley
Mother's Mother's Name
Mary Ann Varley

Mme Valade

✓ Commonwealth of Massachusetts.

Date of Birth, Nov. 3rd.

1896

Sex, Male

Color (if other than white), White

Name (if named), John Martin

Place of Birth, No. Southville Mass Street

Name of Father, Thos. Martin

Name of Mother, Annie Martin

Maiden Name of Mother, Annie Collins

Residence of Parents, No. Southville Street

Occupation of Father, Labour

Birthplace of Father, Ireland

Birthplace of Mother, Ireland

(Signature),

R. M. Raymond, M.D.

Physician.

J.W.
1/10/92

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No.

1. Date of Birth, . . .	<i>Nov 15th 1896,</i>
2. Full Name of Child, . . .	
3. Color, * . . .	<i>Female</i>
4. Sex, (and if twin or illegitimate,) . . .	<i>Male</i>
5. Place of Birth, . . .	<i>Southboro', Mass.</i>
6. Name of Father, . . .	<i>Geo. Frank Mc Donald,</i>
7. Residence, . . .	<i>Southboro'</i>
8. Occupation, . . .	<i>Blacksmith.</i>
9. Birthplace, . . .	<i>Windsor, N.S.</i>
10. Name of Mother, . . .	<i>Christine M.</i>
(Maiden Name,) . . . *	
11. Residence, . . .	<i>Southboro'</i>
12. Birthplace, . . .	<i>Tunis, N.Y.</i>

Dated at *Ashland Dec 1st* 1896
Gardner C. Pease M.D.

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Oct. 1892. — 5,000.

* I am not obliged to give the maiden name.

Commonwealth of Massachusetts.

Date of Birth,

November 21

1896

Sex,

Male

Color (if other than white),

Name (if named), Edward Connors

Place of Birth, No. Southboro Street

Name of Father, John Connors

Name of Mother, Mary Connors

Maiden Name of Mother, Mary MacNelle

Residence of Parents, No. Southboro Street

Occupation of Father, Superintendent

Birthplace of Father, Vermont

Birthplace of Mother, Lowell Massachusetts

(Signature),

Edward Bergius

Physician.